

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 7.8
TITLE: RHINOPLASTY

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (e)(8)

TRICARE POLICY MANUAL: Chapter 3, Section 4.2

I. EFFECTIVE DATE

October 22, 1985

II. PROCEDURE CODE(S)

30400-30462; 30630

III. DESCRIPTION

A plastic surgical operation on the nose, either reconstructive, restorative or cosmetic.

IV. POLICY

A. Rhinoplasties are not covered except:

1. when required due to accidental injury occurring within the previous 6 months which resulted in significant obstruction of breathing; or
2. the attending physician documents that the rhinoplasty was an integral part of an internal procedure to restore function.

B. Rhinoplasties and internal procedures on the nose must restore function in order to be CHAMPVA benefits.

V. POLICY CONSIDERATIONS

Claims for reimbursement of a rhinoplasty must include:

1. photographs showing the standard 4-way view - base of nose, anteroposterior (AP), and right and left lateral views, if available;

2. signed medical statement to include history of recent trauma, the dates of injury, dates of related surgeries, degree of nasal obstruction, and other symptoms of breathing obstruction such as nasal stuffiness, dryness, mouth breathing, etc.; and

3. operative report.

VI. EXCLUSIONS

The following surgical descriptions are not functional and are considered primarily cosmetic in nature.

1. Alar tip cartilage repair.
2. Dorsal hump removal.
3. Shortening of the nasal septum.
4. Narrowing of the bony pyramid.
5. Nasal tip reconstruction.
6. Repair of unrecognized trauma, that is, trauma which is not related specifically to time or event.
7. Saddle nose deformity.

END OF POLICY